Illinois Traffic Crash Report SR1050
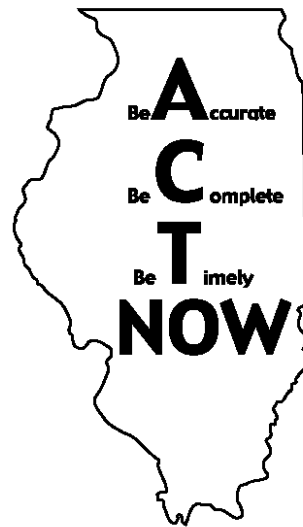
Instructional Manual for Law Enforcement Agencies

**Crash Data
Saves Lives!**

Be **A**ccurate

Be **C**omplete

Be **T**imely

NOW

Illinois Department of Transportation
Division of Traffic Safety

Illinois Traffic Crash Report SR1050

Instructional Manual for Law Enforcement Agencies

Traffic Crash Report forms are printed and furnished by the Illinois Department of Transportation, Division of Traffic Safety. To request forms, please use a copy of the order form on page 22 of this booklet. For information and/or training regarding the procedures and uses of these forms, please contact:

>Illinois Department of Transportation
>Division of Traffic Safety
>Attention: Local Liaison
>3215 Executive Park Drive
>Springfield, Il 62794-9211
>
>Telephone (217) 782-2575
>Fax   (217) 782-5149
>TTY   (217) 524-4875

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Preface

The Illinois Department of Transportation (IDOT) is pleased to provide the new Illinois Traffic Crash Report SR 1050 Instruction Manual for Law Enforcement Agencies. Most of the changes are clarifications which should assist investigating officers in the completion of the SR 1050.

The SR 1050 is the only crash report form approved by Illinois law for use in reporting crash investigations to IDOT, the designated Administrator of crash information for the State of Illinois. **No other crash report form is authorized.** Modifications to the form are not permitted, though any suggestions for improvements are welcomed.

It is extremely important that all required fields on the SR 1050 be completed accurately, completely and legibly. IDOT uses the crash information for a number of vital purposes, including crash analysis, roadway engineering improvements, safety program design and ultimately preventing death/injury on Illinois roadways. The importance of submitting complete and readable information cannot be overstated.

Timeliness is a critical factor in crash reporting. Beyond the statutory requirement to submit SR 1050 reports to IDOT "within 10 days after investigation of the motor vehicle accident," is the simple fact that punctual reporting may provide the necessary information to improve a roadway and save a life.

IDOT extends a sincere thanks to the law enforcement agencies and individual officers who perform this valuable duty for the motorists of Illinois.

Call us at **(217) 782-2575** to request crash report training from an IDOT instructor. A class can be customized to accommodate your agency's specific training and scheduling requirements.

Mobile Capture & Reporting System (MCR)

IDOT is introducing the Mobile Capture & Reporting **(MCR)** computer system which allows electronic capture and submittal of crash report data. You should contact us at **(217) 558-2899** if your agency is interested in obtaining electronic crash reporting capabilities.

SR 1050 Crash Form Design

SR 1050 Crash form sets are provided in booklet form, 10 sets per booklet. Two coding templates are attached to each booklet for completion of the data fields along the top and right edges of the Police Report. Each form set contains three separate sheets: one Police Traffic Crash Report form followed by two Motorist Report forms, all separated by carbon sheets. The carbon sheets allow for most of the front side of the Motorist Report forms to be completed simultaneously when completing the front of the Police Report. Once all information to the "PASSENGERS & WITNESSES ONLY" line has been completed on the Police Report, the Motorist Report form(s) should be removed from the booklet and given to the motorist(s). Motorist(s) should be instructed to complete, and within 10 days submit to IDOT the Motorist Report(s), as required by law. The remainder of the Police Report should then be completed by the officer and any unused Motorist Report forms (i.e. single vehicle crashes) should be destroyed.

Completing Reports **The entire report form must be completed if a crash involves an injury or a unit requires towing from the scene due to the crash** (Type B). Only the blue, shaded areas must be completed if neither of these conditions is met (Type A). However, if the **EVENT (EVNT)** boxes are left incomplete (lower left corner), a diagram and narrative must be provided. Also, if the investigating officer/agency believes additional information is warranted beyond what is *required* for a Type A crash, the entire report should be completed.

Additional Units If more than two units are involved in a crash, the SR 1050A form set, commonly referred to as the **ADDITIONAL UNITS** form, should be used in conjunction with the SR 1050. The pre-printed primary control number (located under the upper bar code on the SR 1050) and the **INVESTIGATING AGENCY** field must be hand written in the specified areas at the top of the SR 1050A. The control number allows IDOT to ensure all records for each and every crash are complied in IDOT's **CRASH INFORMATION SYSTEM**.

Amending Reports The SR 1050A can also be used to amend completed reports that have already been forwarded to IDOT. Be sure to check the **AMENDED** box (near the top left corner) and write the pre-printed

control number from the original crash report in the specified area. Provide the new or changed information in the appropriate field. It is not necessary to complete the entire report a second time when submitting only amended information.

Additional Information All attachments **must be** copied and sent in with the matching 7 digit control number from the upper right corner of the original SR1050 traffic crash report.

Submitting Reports Clear, black and white <u>copies</u> of Police Reports, **not originals**, should be forwarded to the following address:

> ILLINOIS DEPARTMENT OF TRANSPORTATION
> POLICE CRASH REPORT OFFICE
> P.O. BOX 19211
> SPRINGFIELD, IL   62794-9211

Copies of Police Reports must be accompanied by a "Police Report Batch Cover Sheet."   IDOT will provide cover sheets and mailing labels displaying the above address. Please do not use Motorist Envelopes to submit Police Reports.

Removal of Unused SR1050s   With the completion of our updated forms we are asking you to remove all of your **unused forms older than 12/01** from circulation. You will find the date on the lower left corner of the form, after SR1050. Please check all desk drawers, files, vehicles (trunks too), lockers, etc. to ensure all **unused forms older than 12/01** are located and destroyed!

Fatalities

A fatal crash is a traffic crash involving a motor vehicle in which at least one person dies within 30 days of the crash. **Police Crash Reports with Fatalities should be submitted as soon as possible in pre-addressed envelopes provided by the Department for this exclusive use.** It is the responsibility of the officer/agency to amend the crash report and notify IDOT of any death occurring after the original crash report has been submitted, if such death is a result of the crash and occurs within 30 days of the crash. A crash resulting in one or more fatalities increases the value of every data item on the SR 1050 crash form. The Department will vigorously pursue missing, incomplete and/or conflicting fatal crash information.

General Information

Print legibly, **press hard**, and **use only black ink** to complete traffic crash report forms.

Complete all required fields. When entering data codes from the two templates, make sure to distinguish between a 9 and 99 to indicate if the information is **Unknown** or **N/A** (not applicable). In many data fields a **9** does **not** mean **Unknown/NA**. Do not use **Unknown** unless a description is not listed on a template.

Known or perceived vehicles at fault should be entered as Unit 1 when known. If the at fault vehicle is not evident, the striking unit should be entered as Unit 1. Provide a diagram and narrative if neither one can be determined.

Reporting Requirements

The Law: Every law enforcement officer/agency investigating a motor vehicle crash resulting in **injury**, **death**, or **damage to any one person's property exceeding $500**, must forward a written report to IDOT, on a form provided/approved by IDOT, within 10 days of the crash investigation. Private property crashes are **not** excluded from this requirement. (See 625 ILCS 5/11-406 and 408.)

ILLINOIS TRAFFIC CRASH REPORT

Printed by authority of the State of Illinois

SR 1050 510M (REPRINT 10/05)

FOR TRAINING ONLY

0000000

Sheet ___ of ___ Sheets

UNIT 1 / UNIT 2

- (1) FOR TRAINING ONLY
- (2) INVESTIGATING AGENCY
- (3) TYPE OF REPORT: ON SCENE / NOT ON SCENE / AMENDED
- (4) AGENCY CRASH REPORT NO.
- A No Injury / Drive Away
- B Injury and / or Tow Due to Crash
- (5)
- (6) HIGHWAY or STREET NAME
- (7) NAME OF INTERSECTION OR ROAD FEATURE / AT INTERSECTION WITH / FT / MI N E S W (CIRCLE)
- (8) COUNTY — City / Township
- (9) MAKE
- (10) INTE REL — Yes / No
- (11) PRIVATE PROPERTY — Yes / No
- (12) HIT — Yes / No
- (13) DATE OF CRASH mo / day / yr
- (14) TIME — AM / PM
- (15) ANY SINGLE VEHICLE DAMAGE OVER $500 — Yes / No
- (16) NUMBER OF MOTOR VEHICLES INVOLVED
- (17) LARS CODE
- (18) NAME (LAST, FIRST, M.I.) — DRIVER / PED / PEDAL / EQUES / NMV
- (19) DATE OF BIRTH mo / day / yr
- (20) STATE
- (21) SEX
- (22) SAFT
- (23) AIR
- (24) CITY — STATE — ZIP
- (25) INJ
- (26) EJECT
- (27) DRIVER LICENSE NO.
- (28)
- (29)
- (30) TELEPHONE
- (31) CLASS
- (32) MODEL
- (33) PLATE NO. — STATE
- (34) VIN
- (35) VEHICLE OWNER (LAST, FIRST, M.I.)
- (36) OWNER ADDRESS (STREET, CITY, STATE)
- (37) CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00-NONE, 10-UNDER CARRIAGE, 11-TOTAL (ALL AREAS), 12-OTHER, 99-UNKNOWN, POINT OF FIRST CONTACT
- (38) TOWED DUE TO CRASH / HAZMAT SPILL / FIRE / COM VEH * SEE SIDEBAR
- (39) INSURANCE CO.
- (40) POLICY NO.
- (41) NAME (LAST, FIRST, M.I.) — DRIVER / PED / PEDAL / EQUES / NMV
- (42) PASSENGERS & WITNESSES ONLY (NAME) (ADDR) (TEL)
- (43) DAMAGED PROPERTY OWNER NAME
- (44) DAMAGED PROPERTY — CITY / STATE / ZIP
- (45) PROPERTY OWNER ADDRESS
- (46) CONTRIBUTORY CAUSE(S) — PRIMARY / SECONDARY
- (47) POSTED SPEED LIMIT
- (48) ARREST NAME
- (49) SECTION
- (50) CITATION NO.
- (51) DATE POLICE NOTIFIED mo / day / yr
- (52) TIME NOTIFIED — AM / PM
- (53) OFFICER ID.
- (54) SIGNATURE
- (55) BEAT / DIST
- (56) SUPERVISOR ID.
- (57) COURT DATE mo / day / yr
- (58) COURT TIME — AM / PM
- (59)
- (60)
- (61)
- (62) DRG U2
- (63) PED/V U2
- (64) TRFFC U2
- (65) TRFC U2
- (66) WEAT U2
- (67) DRVA U2
- (68) VIS U2
- (69) VEH U2
- (70) LIGHT U2
- (71) COLL U2
- (72) MANV U2
- (73) PP2
- (74) PP1
- (75) THRW U1
- (76) VEH U1
- (77) NO. LANES U1
- (78) ALIGN U1
- (79) RSUR U1
- (80) VEH U1
- (81) RDFT U2
- (82) BAC U1
- (83) NO. U2
- (84) DRFD U2

* IF YES TO HAZMAT SPILL OR COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

CRASH DATA SAVES LIVES!

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0 0 0 0 0 0 0

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

INDICATE NORTH BY ARROW

NARRATIVE (Refer to vehicle by Unit No.)

(85)

(86)

(87)

LOCAL USE ONLY

U1 Color   U2 Color

U1 Towed by / to   U2 Towed by / to

CARRIER NAME _____ (88)

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ (90)   ILCC NO. _____

Source of above info. □Side of Truck □Paper □Driver □Unk (89)

Gross Vehicle Weight Rating (GVWR) _____ (91) k

Were HAZMAT placards displayed on the vehicle? □Yes □No (92)

If yes, name on placard _____   1-digit Hazard Class no. _____

4-digit UN no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? □Yes □No □Unknown (93)

Did HAZMAT Regulations violation contribute to the crash? □Yes □No □Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? □Yes □No □Unknown

Was a Driver/Vehicle Examination Report form completed?

Form No. _____

HAZMAT □Yes □No □Unk   Out of Service? □Yes □No
MCS □Yes □No □Unk   Out of Service? □Yes □No

IDOT PERMIT NO. _____ (94)   WIDE LOAD? □Yes □No (95)

TRAILER WIDTH(S):   0-96" 97-102' >102"
TRAILER 1   □   □   □
TRAILER 1   □   □   □ (96)

TRAILER LENGTH(S): 1 _____ ft 2 _____ ft (97)

TOTAL VEHICLE LENGTH _____ ft (98)   NO. OF AXLES _____ (99)

CRASH LOCATION: □CITY OF _____ OR □NEAREST CITY (100)
MILES N E S W OF _____
CIRCLE ONE   CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
CARGO BODY TYPE _____ (102) VEHICLE CONFIGURATION _____ (101) LOAD TYPE _____ (103)

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Specific Instructions- See Crash Forms with Instruction Numbers on back of manual.

1. This control number is part of a pre-numbered form set. The bar code is used by IDOT to identify and file the form sheets pertaining to the crash. Do not write in this space or obliterate the numbers. Use this control number on any **ADDITIONAL UNIT** and/or **AMENDE**D forms pertaining to the crash.

2. Enter the name of your agency. If your city and county have the same name, enter **City** or **County** after your agency name (ex., Champaign City).

3. Mark the appropriate box for one of the items below.

    - **ON SCENE** investigated at crash scene
    - **NOT ON SCENE** desk report/no crash scene investigation
    - **AMENDED** additional information not contained in the original report – **Enter the original crash report bar code number** in the space provided if using an SR 1050A form.

4. **Type A crash** - If no one was injured and no vehicle was towed due to damage caused by the crash, mark the box labeled A **- No Injury/Drive Away** (Type A crash). Only the blue, shaded areas on the form must be completed for a Type A crash**,** however, the entire report should be completed when the investigating officer/agency believes additional information is warranted.

    Type B crash - If the crash involved death, injury and/or a vehicle was towed from the scene due to damage caused by the crash, mark the box labeled **B - Injury and/or Tow Due to Crash** (Type B crash). The **entire form must be completed for Type B crashes**.

5. Enter the **AGENCY CRASH REPORT NUMBER**, which is the case number assigned by your agency. Enter the year in the left portion of the block followed by the sequential number.

6. Enter the **HIGHWAY OR STREET NAME** (or number) on which the crash occurred. Enter the street **ADDRESS NUMBER** if your agency requires the information. Street address numbers are of no use to IDOT and are strictly for the convenience of your agency.

7. When the crash occurs at an intersection, mark the box labeled **AT INTERSECTION WITH**. Enter the number(s) and/or name(s) of the intersecting highway(s) and/or street(s). An alley is not considered an intersection unless a **TRAFFIC CONTROL DEVICE (TRFD)** is present. When the crash is <u>not</u> at an intersection, mark the other box and enter the information below.

    - **NUMBER** or **NAME** of highway/street upon which the crash occurred
    - **DISTANCE** to nearest intersection (FT or MI)
    - **DIRECTION** from nearest intersection (N, E, S or W)
    - **NUMBER** or **NAME** of nearest intersecting highway/street

    DO . . .
    - ➢ Use only street names listed on a city, county or state road map. If it is a marked U.S. or state highway, use the route designation instead of the street name. Use new 911 names if known.
    - ➢ Indicate to/from directions prior to the crash to identify an entrance or exit ramp crash location, such as: SB (southbound) I-55 exiting onto NB (northbound) I-355.

    DO NOT . . .
    - ➢ Use business names or local landmarks (e.g., McDonald's entrance, old red barn, high school).
    - ➢ Use a street address only (a street address is not useful to IDOT – it is for local agency).

8. Enter the name of the municipality in which the crash occurred and **check** the box for **CITY**. However, if the crash occurred outside incorporated limits, enter the name of the township or road district and **check** the

box for **TOWNSHIP**. Using the boxes, indicate if the crash occurred in the **TOWNSHIP** or the **CITY**. If the location of the crash is in question (city vs. township) remember to provide the name of the **CITY** closest to the location.

9. Enter the name of the **COUNTY** in which the crash occurred.

   Mark the Yes **or** No **box for the following**.

10. **INTERSECTION RELATED** - Was this an intersection *related* crash? A crash does not have to actually occur at an intersection to be considered intersection related. For example: if five vehicles are lined up at a traffic signal and a rear end collision occurs at the back of the line, 75 feet from the intersection, it **would be** considered intersection related.

11. **PRIVATE PROPERTY** – **This is not** the area to indicate that there was private property damage! Check **yes only if the crash began on, ended on** and **all damage occurred on** private property. If the crash **began on a public roadway**, **it is not** a private property crash; check **NO**. Some thoroughfares through shopping center parking lots may be considered public roadways. Contact the Department if you need clarification.

12. **HIT & RUN** - Was this a hit and run crash?

   Note: Illinois law does not exempt private property crashes from the reporting requirements. When your agency investigates motor vehicle crashes on private property involving death, injury and/or property damage to one person's property over $500, the law requires that an SR 1050 report be completed and a copy submitted to IDOT. Motorists involved in such crashes must complete and submit the original Illinois Motorist Report (SR 1) to IDOT. (See "Submitting Reports" on page 5.)

   Whether a crash occurs on private property or elsewhere, the decision to investigate and report it should be based on the three criteria stipulated by law: death, injury, over $500 to one person's property

13. Enter the **DATE OF CRASH (mo, day** and **yr)**.

14. Enter the **TIME** (hour and minute) of the crash using civilian time, then mark the **AM** or **PM** box.

15. Mark the **Yes** or **No** box to indicate if **ANY SINGLE VEHICLE/PROPERTY DAMAGED OVER $500**.

16. Enter the total **NUMBER of MOTOR VEHICLES INVOLVED** in the crash.

17. **LARS CODES** are used by cities and counties participating in the Illinois Department of Transportation LOCAL ACCIDENT REFERENCE SYSTEM. In most standard operations, the records clerk completes this block.

18. Enter the apparent at fault unit as **UNIT 1** whenever possible. Mark the appropriate box to indicate the type of unit.

   - **DRIVER –** When a **parked car** is struck, check the **driver box** even if the parked unit is unoccupied**.**
   - **PED** (Pedestrian)
   - **PEDAL** (Pedalcyclist) – Examples: bicycle, tricycle, unicycle or pedal car operator. If a person is not actually operating the cycle at the time of the crash (i.e. walking/standing next to it), the **PED** box should be checked.
   - **EQUES** (Equestrian) – This does not include a horse-drawn carriage and/or its occupants (see **NMV** below).
   - **NMV** (occupant of a Non-motor Vehicle) – Examples: an occupant of a horse-drawn carriage, a passenger on a train, a person sitting in a building struck by a motor vehicle.
   - **NCV** (Noncontact Vehicle) - A vehicle affecting a crash without any direct involvement (no contact). Also, a pedestrian causing a crash, without any direct involvement (no contact).

Enter the **LAST NAME**, **FIRST NAME** and **MIDDLE INITIAL (M.I.)** for that person. If available, enter the name shown on the driver's license.

If a vehicle is legally parked when struck, print **PARKED** next to the driver's name. If a vehicle is illegally parked when struck, print **ILLEGALLY PARKED.** In both instances, enter the name of the person, when known, who last had control of the vehicle and any available information.

If a train is involved, print the word **TRAIN** in place of the driver information and list it as **DAMAGED PROPERTY** (see Number 43, 44, and 45).

Towed units should not be entered as separate units; they are considered part of the power unit. If the owner of the towed unit is different than that of the power unit, list the towed unit as **DAMAGED PROPERTY** (see Number 43, 44, and 45). Also, see Number 35 when only the towed unit is damaged. A towed unit is the unpowered, pulled portion of any multi-unit combination vehicle.

19. Enter the **DATE OF BIRTH (mo, day** and **yr)**.

20. Enter the **STREET ADDRESS**.

21. Indicate the **SEX** by printing **M** for male or **F** for female.

22. Enter a code for **SAFETY EQUIPMENT USED (SAFT)** from Template 2.

23. Enter a code for **AIR BAG DEPLOYED (AIR)** from Template 2.

24. Enter the **CITY, STATE, ZIP** and **TELEPHONE** number, if available.

25. Enter the most severe **INJURY CLASSIFICATION (INJ)** code from Template 2 according to the descriptions below.

    - **K   Fatal –** A fatal crash is a traffic crash involving a motor vehicle in which at least one person dies within 30 days of the crash.

    - **A   Incapacitating injury** – Any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities he/she was capable of performing before the injury occurred. Inclusions: severe lacerations, broken/distorted limbs, skull injuries, chest injuries and abdominal injuries.

    - **B Nonincapacitating injury** – Any injury, other than a fatal or incapacitating injury, which is evident to observers at the scene of the crash. Inclusions: lumps on the head, abrasions, bruises, and minor lacerations.

    - **C Reported, not evident** – Any injury reported or claimed which is not listed above. Inclusions: momentary unconsciousness, claims of injuries not evident, limping, complaints of pain, nausea and hysteria.

    - **O No indication of injury**

26. Enter a code for **EJECTION OR EXTRICATION (EJCT)** from Template 2.

27. Enter the **DRIVER LICENSE NUMBER**. Enter **NONE** or **N/A** if applicable.

28. Enter the **STATE** of driver's license issuance.

29. Enter the **CLASS** of Illinois driver's license. For out of state licenses, enter it as shown on the license (e.g., driver's, chauffeurs, etc.).

30. Enter the name of the hospital, doctor's office, mortuary or other place the person was **TAKEN TO**. If the person refused medical treatment, indicate such.

31. Enter the **EMS AGENCY** (ambulance service) that transported injured persons from the scene and the emergency medical service report or **RUN NUMBER,** when known. Enter **UNKNOWN** if applicable.

32. Enter the **MAKE** of vehicle, i.e. Ford, Chevrolet. Enter the vehicle **MODEL,**
     i.e. Mustang, Blazer. Enter the manufacturer's designated model **YEAR**.

33. Enter the license **PLATE NUMBER**. Enter the **STATE** issuing the license plate. Enter the **YEAR** that the registration expires.

34. Enter the **VIN** (vehicle identification number).

35. Enter the name of the titled **VEHICLE OWNER**. If it is the same as the vehicle driver, enter **SAME**.

36. Enter the complete **OWNER ADDRESS**, if different from the driver. If it is the same as the vehicle driver, enter **SAME**.

37. Circle the **DAMAGED AREAS** on the diagram of the vehicle, or circle one of the two-digit codes below.

    00 NONE
    10 UNDER CARRIAGE
    11 TOTAL (ALL AREAS)
    12 OTHER
    99 UNKNOWN

    In the box labeled **POINT OF FIRST CONTACT,** enter one of the numbers (1 – 9) listed on or next to the vehicle diagram. Enter **66** in this box when the only damage to a multi-unit combination vehicle is to the unpowered, towed portion of the unit.

38. Mark the **Y** (Yes) or **N** (No) box for the items below.

    - **TOWED** – Check yes if the vehicle was towed due to damage from the crash.
    - **FIRE –** Was there a fire involving this vehicle?
    - **HAZMAT SPILL** (Hazardous Material) – If yes is checked, complete the commercial vehicle section on the reverse side of the report form. Note: a vehicle's own fuel is not considered a hazardous material.
    - **COM VEH** (Commercial Vehicle) - If a commercial vehicle was involved, complete the commercial vehicle section on the reverse side of the report form.

39. Enter the name of the **INSURANCE COMPANY** (not agent) which issued the policy for the vehicle. Enter **NONE** if not insured. Enter **SELF-INSURED** if appropriate.

40. Enter the **POLICY NUMBER** from the insurance card.

41. Enter the same information for the other traffic units following the same instructions for Number 18 - 40. If a train is involved, **do not list the engineer as the driver of Unit 2.** See Number 43, 44, and 45 for entering train information.

42. Only information for **PASSENGERS & WITNESSES** should be entered in this section. As is the case elsewhere on the form, only the blue, shaded fields are required to be completed for Type A crashes, while all fields are to be completed for Type B crashes. Enter the corresponding **UNIT** number for each individual listed. Enter **W** in the same box if listing a **WITNESS**. Enter the corresponding **SEAT** number from the **SEATING POSITION (SEAT)** diagram located on Template 2. Number **7** is to be used if the passenger is occupying any other space in an enclosed vehicle. Cycle passengers legally seated are also to be coded as seat position **7**. Number **8** is to be used if the passenger is outside the vehicle (e.g., truck bed, fender, etc.). Seat positions 10, 11, 12, are new to the form to account for passenger vehicles with an additional row of seats. These numbers were added to keep 7 and 8 the same as past crash data. Complete the remaining fields for each listed individual in the same manner used to complete the UNIT section(s) already addressed above in Number 19-31.

43. Enter the **DAMAGED PROPERTY OWNER NAME** (last, first, middle initial). **Wild animals are owned by the State of Illinois** (no address required). If a **TRAIN** is involved, print the word **TRAIN** in place of the driver information and list it as **DAMAGED PROPERTY.** Then indicate the name of the railroad company,

the locomotive number in Number 44, below, and the owner's address Number 45. Damaged property contained within a vehicle should not be listed on the crash report.

44. Enter a description of **DAMAGED PROPERTY** other than vehicles.

45. Enter the **PROPERTY OWNER ADDRESS (STREET, CITY, STATE, & ZIP)**.

46. From the back of Template 1, select one or two **CONTRIBUTORY CAUSE** code(s) for each crash (not each vehicle). Further instructions and examples are listed beneath the code descriptions. Enter one or two codes per crash, not per unit.

47. Enter the **POSTED SPEED LIMIT** for the roadway upon which the crash occurred. If the crash occurred at an intersection, enter the **POSTED SPEED LIMIT** for the primary roadway.

48. Enter the **ARREST NAME** for the person who was arrested (last, first, middle initial).

49. Enter the violation **SECTION** number(s) from the Illinois Vehicle Code (IVC) / Illinois Compiled Statutes (ILCS). List the **most** serious violation first.

50. Enter the complete **CITATION NUMBER**.

51. Enter the **mo/day/yr** the police were notified of the crash (**DATE POLICE NOTIFIED**).

52. Enter the hour and minute the police were notified (**TIME POLICE NOTIFIED**) and mark the **AM** or **PM** box.

53. Enter the investigating **OFFICER ID** number.

54. Enter the investigating officer's **SIGNATURE**. Rank may be included.

55. Enter the investigating officer's **BEAT / DISTRICT**, zone and/or precinct if applicable.

56. Enter the **SUPERVISOR ID** number and/or name of the sworn officer reviewing the completed report.

57. Enter the **COURT DATE (mo/day/yr)**.

58. Enter the **COURT TIME** and mark the **AM** or **PM** box.

Sequence and Location of each Event

Number 59, 60 and 61 are used for identifying the **sequence** and **location** of each **EVENT (EVNT)** that occurred during the crash. The purpose is to identify what happened to each unit. Boxes are provided to identify three different events for each unit, from any of the following three categories on Template 1:

- **NONCOLLISION**
- **COLLISION WITH: NOT FIXED OBJECTS**
- **COLLISION WITH: FIXED OBJECTS**

59. Select the appropriate event from the **EVENT (EVNT)** box on Template 1. Under the column heading **(EVNT)**, and next to **UNIT 1** on the crash report form, enter the corresponding event number code to the right of the **1** (skipping over the **MOST** check box). If a second event occurred, select another event from the template and enter the number code to the right of the **2** next to **UNIT 1**. Place a third event number code to the right of the **3** next to **UNIT 1** if appropriate.

60. Once the event number code has been entered, use the **EVENT LOCATION (LOC)** box on Template 1 to select a location for each event coded. Place the location number code to the right of each corresponding event code under the column heading **(LOC)**.

61. Under the column heading **(MOST)**, a check box appears to the left of each **EVENT** number. Determine which event appears to be the most severe and mark that corresponding box only. Only one box per unit should be marked.

Follow the procedures for Number 59, 60 and 61 for each unit listed on the crash report. Again, it is possible to list 1, 2 or 3 events/locations for each unit. If additional events occurred during the crash, list only the three most severe.

When **9 - OTHER NONCOLLISION** is selected, no other entry should be entered. It should only be used when no other **EVENT** occurred and the vehicle did **not** strike someone or something, such as an injury caused by an occupant falling from the vehicle. A **FIXED OBJECT** can generally be thought of as an object that is intentionally constructed or placed at a particular location usually off or adjacent to roadway

A crash may involve an initial event, such as **1 - Ran off the roadway**, and an indication of what was struck, such as **29 – Traffic signa**l. Or, if two units collide on the roadway, the only entry may be **11 – Motor vehicle in traffic**. When more than one event is entered, check boxes are provided to identify the single most severe event for each unit. For a Type A crash, this information may replace a diagram and narrative. However, **if event information is not provided, a diagram and narrative are required**.

Coding Boxes- **See Crash Form with Instruction Numbers on back of manual**.

The fields numbered 62 through 84 are to be completed using the numeric codes listed on your **Templates 1 and 2** . Only the blue, shaded fields must be completed for a Type A crash. Enter a **9** or **99** if the information is not available and/or not applicable. Do not use **9** indiscriminately: it represents something other than **Unknown/NA** in two-character fields. For instance, in the EVENT (EVNT) field on Template 1, a **9** denotes **Other noncollision**.

62. Enter a code for the **APPARENT PHYSICAL CONDITION (DRAC)** of each driver prior to the crash from Template 2.

63. Enter a code for **PED / BIKE VISIBILITY (PEDV)** from Template 2, if applicable.

64. Enter a code for the *type* of **TRAFFIC CONTROL DEVICE (TRFD)**, if any, at the crash location from Template 1. If the crash is intersection related, enter the type of device at the intersection, regardless of that device's proximity to the actual crash location or its relevance to the crash.

65. Enter a code for the **DEVICE CONDITION (TRFC)** at the time of the crash from Template 1.

66. Enter a code for the **WEATHER CONDITION (WEAT)** at the time of the crash from Template 1.

67. For each driver, enter a code for the **DRIVER ACTION (DRVA)** that contributed to the crash from Template 2.

68. Enter a code for the object or condition that obscured **DRIVER VISION (VIS)** for each unit.

69. Enter a code for the contributing **VEHICLE DEFECTS** or apparent malfunction for each unit from Template 2.

70. Enter the most appropriate code for the **LIGHTING CONDITION** at the time of the crash from Template 1.

71. Enter a code from Template 1 to indicate the **TYPE OF FIRST CRASH (COLL)**, using the criteria below. The purpose of this field is to identify what caused the **first damage or injury**, *not* the **most** harmful event. The first damage or injury is to be provided in the EVENTS portion of the form (field number 61).

SINGLE VEHICLE CRASH TYPES (Codes 1 – 8)

A SINGLE VEHICLE CRASH occurs when a motor vehicle's **first damage/injury** is with someone or something other than another motor vehicle. This type of crash may eventually involve other motor vehicles, but if the **first damage/injury** is between any two motor vehicles it would no longer be a single vehicle crash.

MULTI-VEHICLE CRASH TYPES (Codes 9 – 15)

A MULTI-VEHICLE CRASH occurs when a motor vehicle's **first damage/injury** is with another motor vehicle. Therefore, if two or more vehicles are involved in a crash, but the **first damage/injury** is between a motor vehicle and someone or something other than another motor vehicle, it is **not** a MULTI-VEHICLE CRASH.

To determine which of the MULTI-VEHICLE CRASH types best describes the crash, the **first consideration should be the intended direction of travel of each motor vehicle** prior to the onset of the crash. The direction of travel or position/angle of the vehicles at the point of contact is not applicable. Refer to page 19 for definitions of the crash types, examples and additional help.

72. Enter a code from Template 1 for the **VEHICLE MANEUVER PRIOR (MANV)** to the crash for each unit. Going straight should be entered only if no other code applies. Priority should be given to actions at the top of the list.

73. Enter a code from Template 1 for the **PED/PEDAL ACTION (PPA)** prior to the crash. Enter number 53 if a school aged (5-19) pedestrian is struck within 50 feet of a school bus by either the bus or another vehicle.

74. Enter a code from Template 1 for the **PED/PEDAL LOCATION (PPL)** prior to the crash.

75. Enter a code from Template 2 for the **TRAFFICWAY DESCRIPTION (TRFW)**.

76. Enter a code for the general **VEHICLE TYPE (VEHT)** of each unit involved in the crash. A taxi is a Passenger (car); its use will be identified in the **VEHICLE USE (VEHU)** boxes (Number 80).

77. Enter the **NUMBER OF LANES (NO. LANES)**, counting through lanes in both directions, whether or not the roadway is divided by a median (Template 2). Do not include left, right or bi-directional turn lanes. Enter a **0** if the crash occurred at an intersection.

78. Enter a code from Template 2 for the **ALIGNMENT (ALGN)** of the roadway on which the crash occurred.

79. Enter a code from Template 2 for the **ROADWAY SURFACE CONDITION (RSUR)** at the time of the crash.

80. Enter a code from Template 1 for the intended or actual **VEHICLE USE (VEHU)** of each unit at the time of the crash.

81. Enter a code from Template 2 for any **ROAD DEFECTS (RDEF)** present at the time of the crash. If the crash occurs within or in the vicinity of a construction zone, maintenance zone, utility work zone or unknown work zone, enter a **2**, **3**, **4** or **5**, respectively. **For instance**, if a crash occurs while vehicles are slowing in approach to a construction zone, but not yet within the marked boundaries of the zone, it **would** be considered construction zone related and a **2** should be entered.

82. Enter the **DRIVER BAC TEST RESULT (BAC)** or the appropriate code from Template 2 for each driver. If a drug test was given, indicate such in the narrative. If a fatality occurs due to the crash, update and immediately send to IDOT **BAC** information as you receive it using the **SR 1050A AMENDED/ADDITIONAL UNITS** form.

83. Enter the total **NUMBER OF OCCUPANTS (NO. OCCS)**, including the driver, known to be in each unit at the time of the crash (Template 2).

84. Enter a code from Template 2 to indicate the **DIRECTION TRAVEL PRIOR (DIRP)** to the crash for each unit. This can be used to determine MULTI-VEHICLE CRASH types for Number 71 above. For example, if the **DIRECTION TRAVEL PRIOR** to the crash is **7** (West) for Unit 1, and **3** (East) for Unit 2, then the **TYPE OF FIRST CRASH (COLL)** must be a **10 Turning**, **13 Sideswipe opposite direction**, or **14 Head on**.

The **reverse side** of the form **must be completed for crashes involving death**, injury, or one or more units being towed from the scene because of damage from the crash. **The commercial vehicle information must be completed if a commercial vehicle is involved in the crash.**

85. Complete a **DIAGRAM** to, as simply as possible, illustrate what happened during the crash. Number each unit to correspond with the same numbers assigned on the front of the report. The direction of travel for

each unit must be indicated with an arrow. **INDICATE NORTH** with an **ARROW** in the circle located in the upper right corner. All diagrams should show highway numbers and/or street names that pertain to the crash and other features that were affected by the crash. If additional space is needed, provide an attachment. The primary control number (refer to Number 1) and the sheet number of the total report must be indicated on any attachment. It will be assumed that the investigating officer did not witness the crash, and that the diagram is *not* drawn to scale (it is not a reconstruction), unless otherwise noted**. A diagram and narrative are required on all <u>Type B</u> crashes, <u>EVEN IF</u> units have been moved prior to the officer's arrival.**

86. The **NARRATIVE** should describe what happened as briefly as possible. The narrative should describe the main events of the crash. Refer to units by numbers previously assigned. Any contributing circumstances or significant details not covered in the codes on the form should be included. Information on drug testing should be indicated in this area. If additional space is needed, a more detailed narrative should be written on a separate attached sheet. The primary control number (refer to Number 1) and the sheet number of the total report should be indicated on this attachment.

87. The **LOCAL USE ONLY** section may be used by the reporting officer or the local agency to record information not entered elsewhere on the form. An area for vehicle color and towing information has been designated.

Commercial Motor Vehicles **(CMV)- See Crash Form with Instruction Numbers on page 24.**

Number 88 through 103, on the right side of the form, should be completed for crashes involving commercial motor vehicles.

"Commercial motor vehicle" means any self propelled or towed vehicle used on public highways in interstate and intrastate commerce to transport passengers or property when: (a) the vehicle has a gross vehicle weight, a gross vehicle weight rating, a gross combination weight, or a gross combination weight rating of 10,001 or more pounds; or (b) the vehicle is designed to transport more than 15 passengers, including the driver; or (c) or the vehicle is designed to carry 15 or fewer passengers and is operated by a contract carrier transporting employees in the course of their employment on a highway of this State; or (d) the vehicle is used in the transportation of hazardous materials in a quantity requiring placarding under the Illinois Hazardous Materials Transportation Act. This definition does not include farm machinery, fertilizer spreaders, and other special agricultural movement equipment described in Section 3-809 [625 ILCS 5/3-809] nor implements of husbandry as defined in Section 1-130 [625 ILCS 5/1-130].

88. Enter the **CARRIER NAME** and corporate **ADDRESS** of the motor carrier.

89. Mark the appropriate box indicating the **SOURCE** of the carrier name and address; e.g., registration or authority cards, bill of lading, shipping manifest, side of vehicle, log book or driver's indication.

90. Enter all available **ID NUMBERS,** including the **US DOT** federal census number and the **ILCC** (Illinois Commerce Commission) number. These numbers are generally located on either side of the cab or power unit.

91. Enter the **GVWR** (gross vehicle weight rating). GVWR means the value specified by the manufacturer as the loaded weight of a single vehicle (vehicle weight combined with load weight). Include the power unit and trailer(s). Ratings are listed on the Federal certification label or tag generally located on the driver-side door post of the power unit and on the forward half of the left side of the trailer(s). If the GVWR is not available use the Gross Combination Weight Rating (GCWR) which is the GVWR of the power unit combined with the total weight of the towed unit and any load thereon.

92. Mark the appropriate box indicating the display of **HAZARDOUS MATERIALS** (HAZMAT) **PLACARDS**. If yes, enter the **4-digit** placard number, the **1- digit** placard number and the class **name** from any one placard on the line provided.

93. Mark the appropriate box indicating a **Hazardous cargo release** (do not count fuel from the vehicle fuel tank). Mark the appropriate box indicating a **Violation of HAZMAT regulations** contributing to the crash. Mark the appropriate box indicating **Violation of MCS** (Motor Carrier**) regulations** contributing to the crash. Mark the appropriate box indicating the completion of a HAZMAT and/or MCS **Inspection form** and enter the Illinois Commercial Driver/Vehicle Inspection Report **Form Number (Form No.)**. Mark the appropriate box to indicate if any **Out of Service** violations were cited.

94. Enter the 7-digit over size/over weight **IDOT PERMIT #**, if any.

95. Mark the appropriate box to indicate if it was a **WIDE LOAD**.

96. Mark the appropriate box to indicate the **TRAILER WIDTH(S)**.

97. Enter the **TRAILER LENGTH(S)**, to the nearest foot.

98. Enter the **TOTAL VEHICLE LENGTH** including the power unit and trailer(s), to the nearest foot.

99. Enter the total **NUMBER OF AXLES (NO. OF AXLES)** on the vehicle. Include the power unit and trailer(s).

100. Mark the appropriate box to indicate the **CITY** or **NEAREST CITY**. Enter the **NAME** of the city or nearest city on the line provided. If **NEAREST CITY** is marked, enter the distance in miles and tenths of a mile and circle **N**, **E**, **S**, or **W** for the direction *from* the city.

101. From the back of cover of crash booklet, enter the number corresponding to the **VEHICLE CONFIGURATION** best describing the vehicle.

102. From the back of cover of crash booklet, enter the number corresponding to the **CARGO BODY TYPE**, when applicable.

103. From the back cover of crash booklet, enter the number corresponding to the **LOAD TYPE**, when applicable.

Sequence of Events

Examples for coding sequence of EVENTS (EVNT), Instructions 59-61, and TYPE OF FIRST CRASH (COLL), instruction 71.

Figure 1 – Pedestrian

Unit 1 is in an intersection making a turn. Unit 1 strikes a pedestrian crossing the street. The TYPE OF FIRST CRASH (COLL) = 1.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	12	4
	2	☐		
	3	☐		
UNIT 2	1	☒	11	4
	2	☐		
	3	☐		

Figure 1a – Pedestrian/Vehicle

Two highway maintainers are standing in the roadway next to their truck, Unit 4 (flashers on), spreading gravel. Unit 1 strikes both workers and the truck. (Units 2 and 3 are pedestrians.) The TYPE OF FIRST CRASH (COLL) = 1.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	12	1
	2	☐	12	1
	3	☐	18	1
UNIT 2	1	☒	11	1
	2	☐		
	3	☐		

UNIT 3	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	11	1
	2	☐		
	3	☐		
UNIT 4	1	☒	11	1
	2	☐		
	3	☐		

Figure 2 – Pedalcyclist

Unit 1 is in an intersection making a turn. Unit 1 strikes a pedalcyclist. The TYPE OF FIRST CRASH (COLL) = 2.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	13	4
	2	☐		
	3	☐		
UNIT 2	1	☒	11	4
	2	☐		
	3	☐		

Figure 3 – Train

Unit 1 is struck by a train while crossing railroad tracks. The TYPE OF FIRST CRASH (COLL) =3.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	14	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 4 – Animal

A deer is struck by Unit 1 on the roadway. The TYPE OF FIRST CRASH (COLL) = 4.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	15	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 5 – Overturned

Unit 1, a tractor/semi trailer, fails to reduce speed sufficiently while entering an interstate exit ramp. Unit 1 runs off the left side of the roadway, overturns and strikes a shrub.   The TYPE OF FIRST CRASH (COLL) = 5.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☐	1	2
	2	☒	2	2
	3	☐	41	2
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 6 – Fixed Object

Unit 1 runs off the right side of the roadway, strikes a bridge support, and overturns. The TYPE OF FIRST CRASH (COLL) = 6.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☐	1	3
	2	☒	25	3
	3	☐	2	3
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 7 – Other Object

Unit 2 strikes scrap metal lying on the roadway. The TYPE OF FIRST CRASH (COLL) = 7.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	17	1
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 8 – Other Noncollision

Unit 1 makes a sharp left turn at an intersection. The front passenger door opens and the unbelted occupant is thrown from the vehicle, suffering serious injury. The TYPE OF FIRST CRASH (COLL) = 8.

UNIT 1	(ENVO)	(MOST)	(EVNT)	(LOC)
	1	☒	9	4
	2	☐		
	3	☐		
UNIT 2	1	☐		
	2	☐		
	3	☐		

Figure 9 – Parked Motor Vehicle

As Unit 1 backs out of a parking stall at a shopping mall, it strikes Unit 2, which is parked. The TYPE OF FIRST CRASH (COLL) = 9.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	18	5
2		[ ]		
3		[ ]		
UNIT 2 — 1		[x]	11	5
2		[ ]		
3		[ ]		

Figure 9a – Parked Motor Vehicle

An unknown vehicle strikes Unit 2 and Unit 3, which are parallel parked along the right roadway. The TYPE OF FIRST CRASH (COLL) = 9.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	18	1
2		[ ]	18	1
3		[ ]		
UNIT 2 — 1		[x]	11	1
2		[ ]		
3		[ ]		

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 3 — 1		[x]	11	1
2		[ ]		
3		[ ]		
UNIT 4 — 1		[ ]		
2		[ ]		
3		[ ]		

Figure 10 – Turning

While turning right onto an eastbound roadway, Unit 2 is struck by Unit 1, which is also eastbound but fails to stop at the four-way stop intersection. A Turning crash takes precedence over all other multi-vehicle crash types. The TYPE OF FIRST CRASH (COLL) = 10.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	11	4
2		[ ]		
3		[ ]		
UNIT 2 — 1		[x]	11	4
2		[ ]		
3		[ ]		

Figure 11 – Rear End

Units 1 is following Unit 2 in the same lane on an interstate. Unit 1 strikes Unit 2 from behind causing Unit 2 to strike a median wall. The TYPE OF FIRST CRASH (COLL) = 11.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	11	1
2		[ ]		
3		[ ]		
UNIT 2 — 1		[ ]	11	1
2		[ ]	1	2
3		[x]	24	2

Figure 12 – Sideswipe Same Direction

Unit 1 begins to pass Unit 2 on the left while traveling in the same direction on a two-lane highway. Due to oncoming traffic, Unit 1 attempts to re-enter his traffic lane prematurely, striking the left side of Unit 2 with its right side. The TYPE OF FIRST CRASH (COLL) = 12.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	11	1
2		[ ]		
3		[ ]		
UNIT 2 — 1		[x]	11	1
2		[ ]		
3		[ ]		

Figure 13 – Sideswipe Opposite Direction

Unit 1 and Unit 2 are traveling in opposite directions on a two-lane highway. Unit one slips on ice and veers left, striking oncoming Unit 2. All damage is to one side of each vehicle. Unit 2 spins off the right side of the roadway and overturns into a ditch. The TYPE OF FIRST CRASH (COLL) = 13.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	11	1
2		[ ]		
3		[ ]		
UNIT 2 — 1		[x]	11	1
2		[ ]	1	3
3		[ ]	2	2

Figure 14 – Head-on

Unit 1 and Unit 2 are traveling towards one another in opposite directions on a two-lane roadway. Unit 1 loses control, crosses the center line into the path of oncoming Unit 2. The front of Unit 1 strikes Unit 2 on the driver's door. TYPE OF FIRST CRASH (COLL) = 14.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	11	1
2		[ ]		
3		[ ]		
UNIT 2 — 1		[x]	11	1
2		[ ]		
3		[ ]		

Note: the definition of a Head-on Crash is "a collision between two vehicles approaching each other from opposite directions and the first contact results in frontal damage to at least one of the vehicles."

Figure 15 – Angle

Northbound Unit 2 proceeds through intersection when red light turns green. Eastbound Unit 1 fails to stop at red light and strikes Unit 2 broadside. Unit 2 is pushed into a traffic signal. The TYPE OF FIRST CRASH (COLL) = 15.

	(ENVO)	(MOST)	(EVNT)	(LOC)
UNIT 1 — 1		[x]	11	4
2		[ ]		
3		[ ]		
UNIT 2 — 1		[x]	11	4
2		[ ]	1	3
3		[ ]	29	3

TYPE OF FIRST CRASH (COLL)
DEFINITIONS and EXAMPLES

SINGLE VEHICLE CRASH TYPES

A SINGLE VEHICLE CRASH occurs when a motor vehicle's **<u>first damage/injury</u>** is with someone or something other than another motor vehicle. This type of crash may eventually involve two or more motor vehicles, but the first contact is **not** between any two motor vehicles.

1. **Pedestrian Crash** – a collision involving a pedestrian and a motor vehicle when the pedestrian is the first contact for the vehicle. If a motor vehicle has contact with another vehicle or object before striking the pedestrian, then the crash is **<u>not</u>** a Pedestrian Crash.

2. **Pedalcyclist Crash** - a collision involving a pedalcyclist and a motor vehicle when the pedalcyclist is the first contact for the vehicle. If a motor vehicle has contact with another vehicle or object before striking the pedalcyclist, then the crash is **<u>not</u>** a Pedalcyclist Crash.

3. **Train Crash** - a collision involving a railway vehicle and a motor vehicle when the railway vehicle is the first contact for the motor vehicle. If a motor vehicle has contact with another vehicle or object before striking the railway vehicle, then the crash is **<u>not</u>** a Train Crash.

4. **Animal Crash** - a collision involving an animal, other than an animal powering another road vehicle (e.g., buggy), and a motor vehicle when the animal is the first contact for the vehicle. If a motor vehicle has contact with another vehicle or object before striking an animal, then the crash is **<u>not</u>** an Animal Crash. If the collision is with a horse and buggy, then the crash is a **7 Other Object Crash**.

5. **Overturned Crash** - a motor vehicle overturning without first striking another motor vehicle or an object.

6. **Fixed Object Crash** - a collision of a motor vehicle with a fixed object when no other vehicle or object has been struck. The Fixed Object Crash always occurs off pavement (roadway) unless the vehicle has struck the underside of an overpass, a curb, an overhead sign, an overhead traffic control device or a railway crossing gate. The **EVENT** prior to striking the fixed object must be **Ran off the roadway**, unless the fixed object is one of those listed above.

7. **Other Object Crash** - a collision of a motor vehicle with an object that is not a fixed object. Examples include fallen trees, stones, and a lost tire. In general, the other objects are not intended to be in the roadway; however this collision can occur on or off the roadway.

8. **Other Noncollision Crash** - a motor vehicle that **has not** collided with another motor vehicle or object, or has **not** overturned. Examples include: jackknife; fire starting in a motor vehicle while it is in transport; an object falling on or in a motor vehicle in transport causing damage; **breakage of any part of the motor vehicle** resulting in injury or further property damage; injury or damage that is of a noncollision nature involving only the motor vehicle. This crash type is also used in crashes where a **breakage of any part of the motor vehicle** (ex: blown tire) **precedes** other collision types (ex: overturned, fixed object, etc).

Example 1: Unit 1 slips on a patch of ice, spins out of control, leaves the roadway and strikes a tree in the median. This should be coded **6 – Fixed object**. Note: simply loosing control and leaving the roadway does not, in this case, cause damage or injury: consideration must be given to when damage actually occurs. Therefore, losing control **does not** warrant coding this crash **8 – Other noncollision**.

Example 2: Unit 1 is traveling north on a two-lane roadway when a deer crosses its path. Unit one strikes the deer, overturns and strikes another motor traveling in the opposite direction. This should be coded **4 - Animal** because Unit 1 struck the deer before overturning and striking the other motor vehicle.

MULTI-VEHICLE CRASH TYPES

A MULTI-VEHICLE CRASH occurs when a motor vehicle's **first damage/injury** is with another motor vehicle. Therefore, if two or more vehicles are involved in a crash, but the first contact is between a motor vehicle and someone or something **other than** another motor vehicle, it is **not** a MULTI-VEHICLE CRASH. The primary at fault vehicle should be entered as UNIT 1. The intended direction of travel of each motor vehicle prior to the onset of the crash should determine the selection of the MULTI-VEHICLE CRASH code, not the direction of travel or position/angle of the vehicles at the point of contact. If the **first damage/injury** occurs when two vehicles strike, you must select from codes 9 -15. More than two motor vehicles may be involved in a single crash.

9. **Parked Motor Vehicle Crash -** a collision between a moving motor vehicle and a legally parked motor vehicle. This crash type **takes precedence** over all other **MULTI- VEHICLE CRASH TYPES**.

10. **Turning Crash** – There are two categories: intersection related and non-intersection related. For those occurring at an intersection, the initial impact must take place within the specific boundaries of the intersection. At least one unit must be in the process of performing a turning maneuver, which begins once the turning unit enters the intersection. If the intention is to turn, and the unit has entered the intersection, it is a **Turning** crash. Therefore, crashes occurring in turn lanes approaching but not within an intersection **should not** be coded as a **Turning** crash. When a **Rear End** type of collision occurs within the boundaries of a channelized turn lane separated from but adjacent to the intersection, it should be coded as a **Rear End** crash. An intersection is the immediate area where two or more public roadways converge/overlap. Non-intersection related **Turning** crashes are those occurring at unnamed exit/entry ways to parking lots, alleys and residential, commercial or public driveways: these are not considered intersections. This crash type **takes precedence** over all other MULTI- VEHICLE CRASH TYPES, **except 9- Parked Motor Vehicle** crash.

11. **Rear End Crash** - a collision between motor vehicles where vehicles cause either front end damage and/or rear end damage to another vehicle. Also, all motor vehicles **need not** be going forward.

12. **Sideswipe Same Direction Crash** - a collision involving motor vehicles traveling in the same direction and the contact results in damage to the sides of both motor vehicles.

13. **Sideswipe Opposite Direction Crash** - a collision involving motor vehicles approaching each other from opposite directions and the contact results in damage to the sides of both motor vehicles.

14. **Head-on Crash** - a collision between two vehicles traveling in opposite directions where the first damage is primarily to the front area of **at least** one of the involved vehicles.

15. **Angle Crash** - a collision between two motor vehicles approaching a location, such as an intersection, at an angle to each other where the **intent of both motor vehicles is to go straight** (forward or reverse). Other locations where an Angle Crash may occur would be a driveway entrance or diagonal parking position. An **Angle Crash** cannot occur on an interstate.

Example 1: Two motor vehicles are at the same intersection heading in opposite directions. UNIT 1 loses control, crosses a median, and strikes UNIT 2 at an angle, with nearly all damage occurring on one side of each motor vehicle. This should be coded as **13 - Sideswipe opposite direction**, even though the motor vehicles collided at an angle, based on the intended direction of each unit prior to the onset of the crash.

Example 2: Unit 1 approaches a four-way stop intersection from the east. Unit 1 slides on a patch of ice, spins through the intersection and strikes Unit 2, which proceeded southward through the intersection after stopping. Each motor vehicle sustains damage to the front end only. This should be coded as **15 - Angle** based on the intended direction of each unit prior to the onset of the crash.

The Most Common Errors

TYPE OF FIRST CRASH (COLL)

A SINGLE VEHICLE CRASH occurs when a motor vehicle's **first damage/injury** is with someone or something other than another motor vehicle. When selecting a code for a **COLL**, **do not** base your choice on what caused the most severe **damage/injury**. Select the crash code that illustrates what caused the **first damage/injury**.

Example: A motor vehicle skids on ice, loses control and strikes a guardrail. The **COLL** is **6 Fixed object** because no damage occurred until the guardrail was struck. Losing control does not cause damage therefore it does not warrant a **COLL** type code of **8 Other noncollision**.

If the **first damage/injury** occurs when two vehicles strike, select a "MULTI-VEHICLE CRASH" code (9-15). The vehicles' intended direction of travel prior to the crash should be the first consideration when choosing a **COLL** type.

Example: Unit 1 and Unit 2 are SB on a four-lane roadway. Unit 1 skids on ice, loses control, spins into the lane of Unit 2 and both vehicles collide front to front. The **COLL** is **12 Sideswipe same direction** because the **COLL** is based on the vehicles' intended direction of travel prior to the crash, **not** the position of the vehicles when they collide.

Private Property

Check the **Yes box** (# 11) **only if the crash began on**, and all damage occurred on private property.

Example: Unit 1 is parked at an incline in a driveway on residential property. Unit 1 rolls down the driveway, goes across the roadway and crosses a yard. Unit 1 comes to a stop as it strikes the house across the street. The Crash Report should be marked as **Private Property** because even though Unit 1 crossed the roadway it started on **Private Property** ended on and all damage occurred on **Private Property**. If Unit 1 started on the roadway and ended on **Private Property** then you would mark the **No** box**.

For questions or comments please call (217) 782-2575

Illinois Department of Transportation / Division of Traffic Safety

Illinois Department of Transportation

Division of Traffic Safety
3215 Executive Park Drive / P.O. Box 19211
Springfield, Illinois / 62794-9211

ORDER FORM

Month   Day   Year

FOR PROMPT SHIPPING AND DELIVERY OF YOUR ORDER, PLEASE CALL THE DEPARTMENT DIRECTLY AT 217/782-2575 (TTY 217/524-4875).

You may also photocopy and use this form to fax your request to (217) 782-5149, or mail it to the above address. Indicate the desired amount below, though quantities shipped may be based on available supply.

QUANTITY DESIRED		ITEM
		SR 1050 Illinois Traffic Crash Report Form (3-part sets), 10 forms per booklet
		SR 1050A Additional Units/Amended Report Form (3-part sets), singles
		SR 1 Motorist Report Form, singles
		SR 1MCR Electronic Motorist Report Form, tablets of 50
		Motorist Envelope (for use by motorists only)
		Police Fatal Envelope (for immediate submittal of fatal reports)
		Mailing Label (for submitting Police Crash Report copies to IDOT)
		Instruction Manual – for SR 1050/1050A Illinois Traffic Crash Report Form
		Diagram Template – Blue Plastic (large)
		Diagram Template – Clear Plastic (medium)
		Diagram Template – Blue Plastic (small)
		Coding Templates – Paper (1 & 2)
		Police Report Batch Control Sheet
		Property Damage Estimator (OCC2227)
		Other:

F O R I D O T U S E O N L Y																
							-									**Count**
							-									**Taken by**

STREET ADDRESS REQUIRED - CARRIER WILL NOT DELIVER TO P.O. BOX

Agency _____

Chief/Sheriff _____

Attention _____

Address _____

City _____ *Zip* _____

Telephone _____ **Fax** _____

Email (optional) _____

ILLINOIS TRAFFIC CRASH REPORT

SR 1050 510M (REPRINT 10/05)

Sheet ____ of ____ Sheets

1 FOR TRAINING ONLY
* 0000000 *

UNIT 2   **UNIT 1**

62 DRAC U2

INVESTIGATING AGENCY **63** PREV **64** TRED **65** TRS **66** WEAT **67** DRVA U1

ADDRESS NO. **2** HIGH-WAY or STREET NAME **68** RDR U2 VIS U1

(CIRCLE) FT / MI N E S W
(CIRCLE)
□ AT INTERSECTION WITH **3** (NAME OF INTERSECTION OR ROAD FEATURE)

□ Type of Report
□ ON SCENE
□ NOT ON SCENE
□ AMENDED

□ A No Injury / Drive Away
□ B Injury and / or Tow Due To **4**

69 VEHO U2 AGENCY CRASH REPORT NO. **70** LGHT **71** COLL **72** MANV U2

73 PPA U1

74 PPI U1

DATE OF CRASH **13** mo / day / yr TIME **14** □ AM □ PM

NUMBER MOTOR VEHICLE INVOLVED **16** LARS CODE **17**

NAME (LAST, FIRST, M.I.) **18** DRIVER

TAKEN TO **30**

TELEPHONE **24**

STREET ADDRESS **20** STATE ZIP

CITY **24**

DRIVER LICENSE NO. **27** STATE CLASS

DATE OF BIRTH **19** mo / day / yr

SEX **25** SAFT **26** AIR INJURY EJECT

21 22 23 **28 29** **31**

EMS AGENCY **31**

MAKE **32** MODEL YEAR

PLATE NO. **33** STATE YEAR

VIN **34**

VEHICLE OWNER (LAST, FIRST, M.I.) **35**

OWNER ADDRESS (STREET, CITY, STATE, ZIP) **36**

INSURANCE CO.

POLICY NO. **39**

□ City **8** □ Township □ YR **5**

COUNTY **9**

PRIVATE PROPERTY **12** HIT □ Yes □ No

INTE/RELA **10** □ Yes □ No

11 □ Yes □ No

ANY SINGLE VEHICLE PROPERTY DAMAGE **15** □ OVER $500 □ R $500 □ No

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
11 - UNDER CARRIAGE
99 - UNKNOWN
POINT OF FIRST CONTACT **37**

CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
00 - NONE
10 - UNDER CARRIAGE
11 - TOTAL (ALL AREAS)
12 - OTHER
99 - UNKNOWN
POINT OF FIRST CONTACT

NAME (LAST, FIRST, M.I.) **18** □ DRIVER □ PED □ PEDAL □ EQ □ NMV

STREET ADDRESS **20**

CITY STATE ZIP

TELEPHONE

TAKEN TO

EMS AGENCY STATE

DRIVER LICENSE NO. STATE CLASS

DATE OF BIRTH mo day yr

SEX SAFT AIR INJURY EJECT

41 **42**

MAKE MODEL YEAR

PLATE NO. STATE YEAR

VIN

VEHICLE OWNER (LAST, FIRST, M.I.)

OWNER ADDRESS (STREET, CITY, STATE, ZIP)

INSURANCE CO.

POLICY NO. **40**

(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT)

PASSENGERS & WITNESSES ONLY (NAME) (ADDRESS)

TELEPHONE (HOSP) (EMS)

□ TOWED DUE TO CRASH □ FIRE □ COM VEH * □ HAZMAT SPILL * SEE SIDEBAR

□ TOWED DUE TO CRASH □ FIRE □ COM VEH * □ HAZMAT SPILL * SEE SIDEBAR

Y N **75** VEH **76** VEH **77** NO LANES **78** ALGN **79** RSJR **80** VEH **81** RDR **82** BAC **83** **84**

DAMAGED PROPERTY OWNER NAME **43** CITY STATE ZIP

DAMAGED PROPERTY **44**

PROPERTY OWNER ADDRESS **45**

CONTRIBUTORY CAUSE(S) PRIMARY **46** SECONDARY

POSTED SPEED LIMIT **47**

ARREST NAME **48** SECTION **49** CITATION NO. **50**

DATE POLICE NOTIFIED mo / day / yr **51**

OFFICER ID. **53** SIGNATURE **54** BEAT / DIST **55** SUPERVISOR ID. **56**

COURT DATE mo / day **57** TIME NOTIFIED **58** : □ AM □ PM

CRASH DATA SAVES LIVES!

U N I T 1 1 **61** □ 2 □ 3 □ (ENMD) **59** **60**

U N I T 2 1 □ 2 □ 3 □

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

* IF YES TO HAZMAT SPILL OR COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

0 0 0 0 0 0 0

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

INDICATE NORTH
BY ARROW

85

NARRATIVE (Refer to vehicle by Unit No.)

86

87

LOCAL USE ONLY

U1 Color   U2 Color

U1 Towed by / to   U2 Towed by / to

COMMERCIAL VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter – usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME — 88

ADDRESS

CITY/STATE/ZIP

USDOT NO. — 90   ILCC NO.

Source of above info. ☐Side of Truck ☐Paper ☐Driver ☐k — 89

Gross Vehicle Weight Rating (GVWR) — 91

Were HAZMAT placards displayed on the vehicle? ☐Yes ☐No — 92

If yes, name on placard ____ 1-digit Hazard Class no.

4-digit UN no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐Yes ☐No ☐Unknown — 93

Did HAZMAT Regulations violation contribute to the crash?
☐Yes ☐No ☐Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐Yes ☐No ☐Unknown

Was a Driver/Vehicle Examination Report form completed?

Form No. ____

HAZMAT ☐Yes ☐No ☐Unk   Out of Service? ☐Yes ☐No
MCS ☐Yes ☐No ☐Unk   Out of Service? ☐Yes ☐No

IDOT PERMIT NO. — 94   WIDE LOAD? ☐Yes ☐No — 95

TRAILER WIDTH(S):   0-96"   97-102'   >102"
TRAILER 1   ☐   ☐   ☐
TRAILER 1   ☐   ☐   ☐ — 96

TRAILER LENGTH(S): 1 ____ ft   TRAILER 2 — 97

TOTAL VEHICLE LENGTH ____ ft — 98   NO. OF AXLES — 99

CRASH LOCATION: ☐CITY OF OR ☐NEAREST CITY
MILES   N E S W OF — 100   CITY NAME
CIRCLE ONE

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
VEHICLE CONFIGURATION — 101

CARGO BODY TYPE — 102   LOAD TYPE — 103